

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Kevin Apgar</u>	COURT CASE NUMBER <u>07-505-***</u>
DEFENDANT <u>Warden Raphael Williams et al</u>	TYPE OF PROCESS <u>Complaint</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Attorney General of the State of Delaware</u>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>820 North French Street Wilmington De 19801</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<u>Kevin Apgar #302981</u> <u>PO Box 9561</u> <u>Wilmington De 19809</u>	
Number of process to be served with this Form - 285	<u>1</u>
Number of parties to be served in this case	<u>3</u>
Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Forma Pauperis

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

9-13-07**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>15</u>	District to Serve No. <u>15</u>	Signature of Authorized USMS Deputy or Clerk <u>BIF</u>	Date <u>12-19-07</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Larry Lewis, State Solicitor

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

12/20/070900

am

pm

Signature of U.S. Marshal or Deputy

BIF

Service Fee <u>4500</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>4500</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: